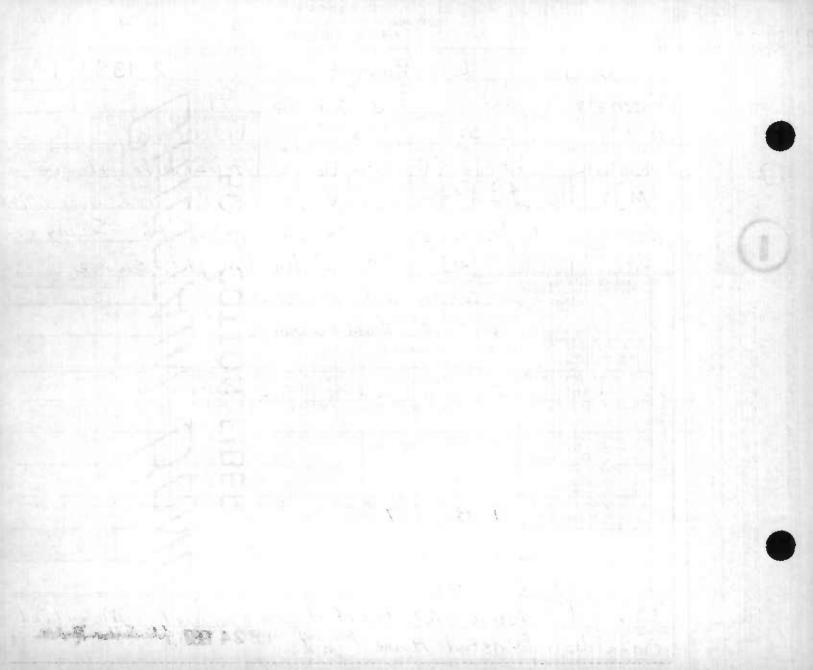
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN A 1. DECEASED NAME DATE (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, 19 6 AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH Pe BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH UPATION (TYPE OF WORK OR INDUSTRY USUAL RESIDENCE 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRES 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST 160 WAS DEGEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO UNKNOWNI (IF YES, GIVE WAR OR DATES) SAME AS # 13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSE! AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR, AS A CONSEQU Conditions, il ony, which gove rise to immediate ED AS A BURIAL TR HEALTH AND MENT cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION OF HEALT 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURN YES [] PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PRIOR TO BUILD 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED TIE PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 STATE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined monner Notural couses EXAMINER'S NAME 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE 2-24-87 Bushy Park Cemetery Burial Cookesville, Montg., MD BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Accord 46 N. Washington St. **DHMH - 17** Rockville, MD 20850 George R. Snowden (VR AT5 ME (51) Aci Tin P. 20M 4/82

STATE OF MARYLAND

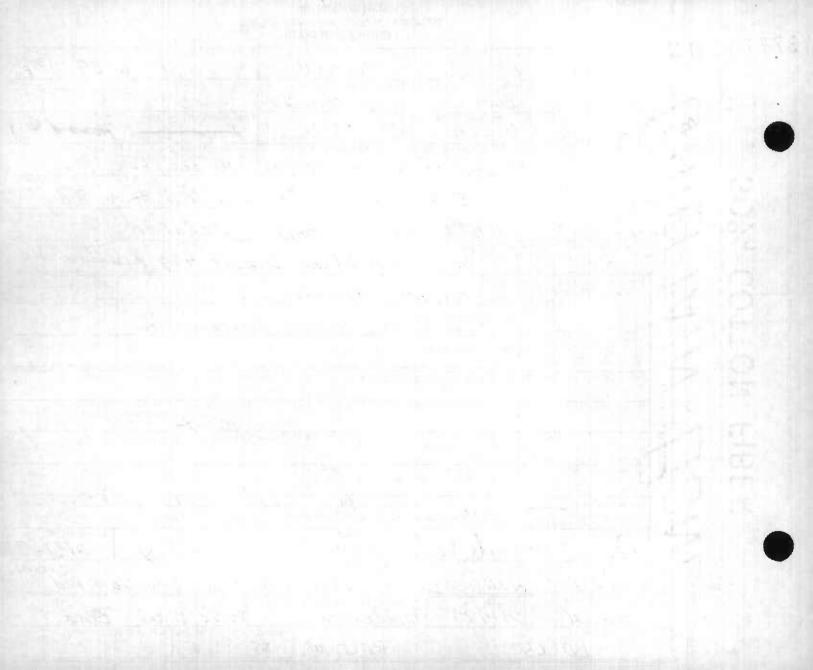
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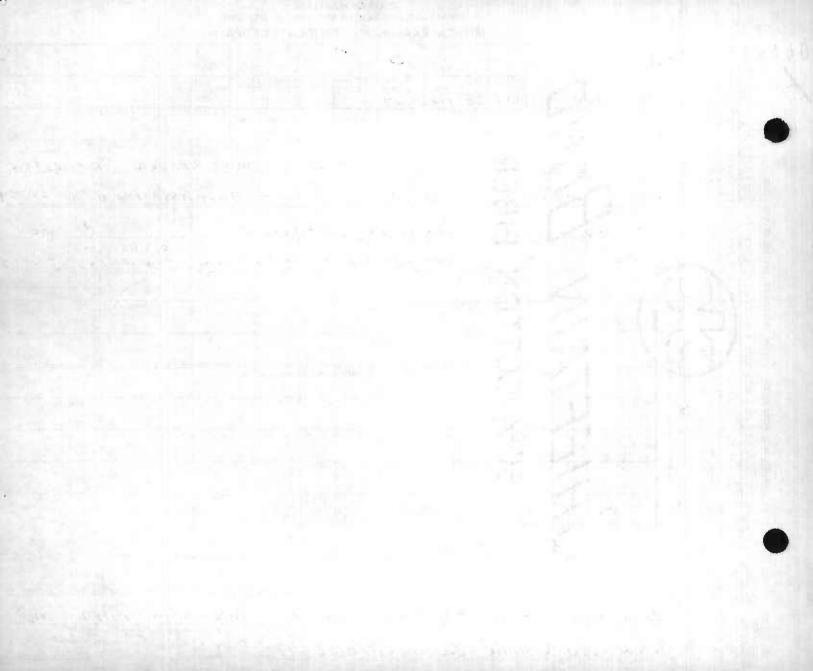
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE FICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN ETYPE CHERRINTS ESTI-OF DEATH MATED 195 6. AGE (IN YEARS IF UN IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED [ DIVORCED NURSING HOME OR OTHER INSTITUTION EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line forth), (b), ped (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions. If any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 1% DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinian Inspection Homicide Undetermined manner SIGNED EXAMINER'S NAME TYPE OR PRINT APPAGE 07/84 25M 24 FUNERAL DIREC DHMH - 17 (VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN J TYPE CO PRINTS OF RONALD DEATH MATED DEPUTY 19 87 4. RACE 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 10,50 July 9, 1960 white Male 26 DEAD LOUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED VINEVER MARRIED FOREIGN COUNTRY) USA Delaware WIDOWED DIVORCED Howard County CITY OR TOWN OF DEATH 12m USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS unemployed motel-8145 Washington Blvd. Elkridge Prince Georges Laurel 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 7309 Contee Road 20707 LAFATHER'S NAME 15 MOTHER'S MAIDEN NAME Deputy LAST Bodine Delores 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS 216 72 4405 Betty Deputy same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Shotgun wound to head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES V NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 1987 Self-inflicted 218 PLACE OF INJURY JATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK motel 8145 Washington Blvd. Elkridge Howard MD 22a I certify that I poplycharge of the remains described above, held an Syreide X Homicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL 2-9-87 Mn Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD Charles P./Kokes, M.D. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Feb. 13,1987 George Washington Cem. Burial Adelphi. 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Donaldson Funeral Home, Laurel. Md 1. Aulia Davidson Randalle (VR A15 ME (5))

STATE OF MARYLAND

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**CITY MD 21043** 

ELLICOTT

250 DATE REC'D. BY REGISTR

25) REGISTRAR'S SIGNATURE

Sie Dandern- Rendalle

DHMH - 16 50M 1/B1 (VRA 15, 4)

HARRY H WITZKE & FAMILY

FUNERAL HOME, INC.

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ATTEND TANALS

STATE OF MARYLAND

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1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS / REG. NO.		1
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11 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		. EAST	
loa loa	WAS DECEASED EVER IN U.S. AR IYES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU	RITY NO. 17 INFORMANT APT	REENE 14W	IMORE, MAR,	YLA
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230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1 1.000	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BAL	TIMORE, MAR	YLAN
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

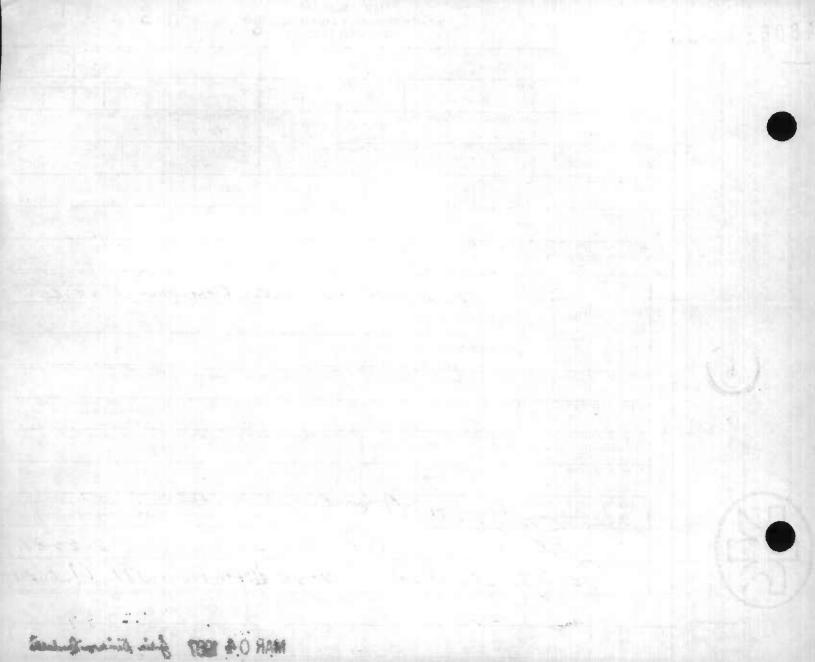
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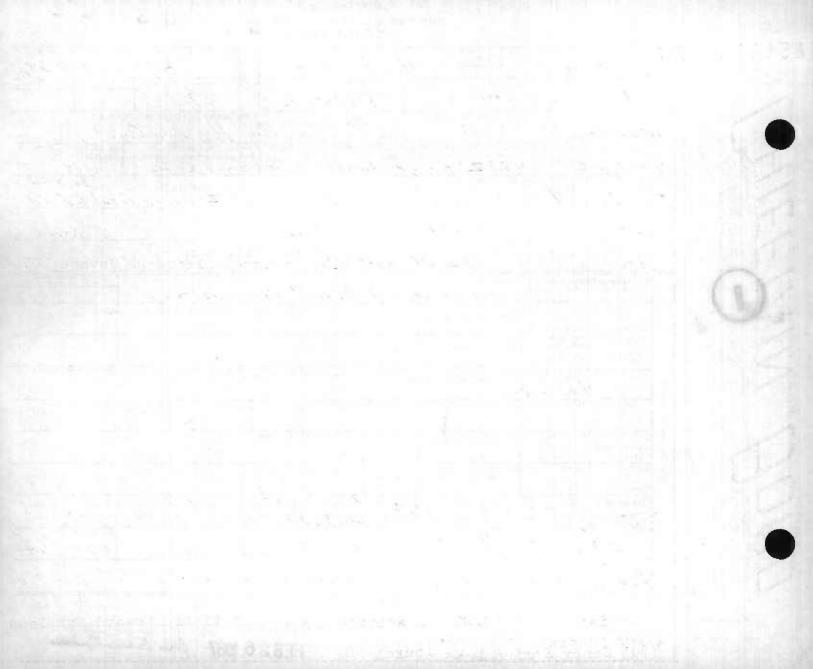
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(VRA 15, 4)	1	oc 4112 Old Col	lumbia Pike FIII	icott City FF	B 1 1 1987	- Production Comments

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		FOR	DEPAF	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 7 0 5	2 3 1
) 6 2 MAR -5	871	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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ofter d		TITY OR TOWN OF DEATH  /// Columbia	11. NAME OF HOSPITAL, NURS (ENOTIN SUCH FACILITY, GIVE STR (5 1 1 8 W. Runn	SING HOME OR OTHER INSTITUTION  EET ADDRESS)  Ing Brook Rd.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SOCIAL WORK	126 KIND OF BUSINESS OR INDUSTRY United Fund
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and 2		FIRST	MIDDLE	FIRST	WIDDLE	LAST
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e execu			GIVE WAR OR DATES)			
a so		No	111-20	-7612   Rev. Will	iam Hayes - Same	as #13
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on. he low reported to the permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED "IFYING CAUSES OF DEATH? YES NO NO
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the hosp the hosp at DIREC letoched f ite Dept. c		22h SIQUATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 2-27-87
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5 € 5 € ₹ ₹	23a.	BURIAL, CREMATION, REMOV	AL 236. DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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(VRA 15, 4)		State A	natomy Board	Balto., Md.	NUS EST Julia	Mary to Branch



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DIVISION DING PHY or attendi After this e as the bu		AT WORK		,,	20 10 8 2		
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Sport CCC 3460 121		obove, (t) (we) (aid) (did not	view the body after death.			death occurred on the date	and hour and from the causes stated
OR A OR A Orhed Oched Dept		27b. SIGNATU	19		DEGREE		221. DATE SIGNED
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TO HOSPITAL of retoined by the TO FUNERAL Is should be detoined with the Store IMPORTANT: If	220	BURIAL, CREMATION, REMOVAL	23b. DATE	23, NAME OF C	METERY OR CREMATORY	123d LOCATION	
	234	SPECIFY)	ZJU. DATE	EST INMINE OF C	METERT OR CREMATORY	CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/84	74 F	JNERAL DIRECTOR Leck Funeral	Home Inc .	RESS	250 DA	IE REC'D. BY REGISTRAR 236	REGISTRAR'S SIGNATURE
(VRA 15, 4)		601 Sandy Sp			MD FEB	3 6 1987 April	, Taridan Radallo



## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH U REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME JOSEPH W. HINDES February 5, 1987 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1 SEX Male White July 2, 1933 70 BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. WIDOWED DIVORCED [ Howard County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE! Ellicott City 3777 Plum Spring Lane Manager MSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Howard Ellicott City KIXON 3777 Plum Spring Lane Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Hindes Helen Flood Joseph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO 17 INFORMANT 215-30-8445 Margy Ann Hindes No Same as # 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY LUNG CANCER DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a. Certify that (this hospital) attended the deceased from 198 sow the deceased alive as 24 JANUAR 1987. sow the deceosed olive on 34 ANVAIO obove. (I)(we) (did) (did hor) view the body ofter death. ond that in my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 274 PHYSICIAN'S NAME (TYPE OF PRINT) ROF CTR #330 should be

DHMH - 16 60M 7/84

Leroy M. & Russell C. Witzken Runeral Homes P. 5555 Twin Knolls Road, Columbia, MD, 21045

COUNTY

26 HOUR 2:50

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21043

Bank

IF UNDER ) YEAR

INDUSTRY

22c. DATE SIGNED

M.D.

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

Marriottsville Maryland

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

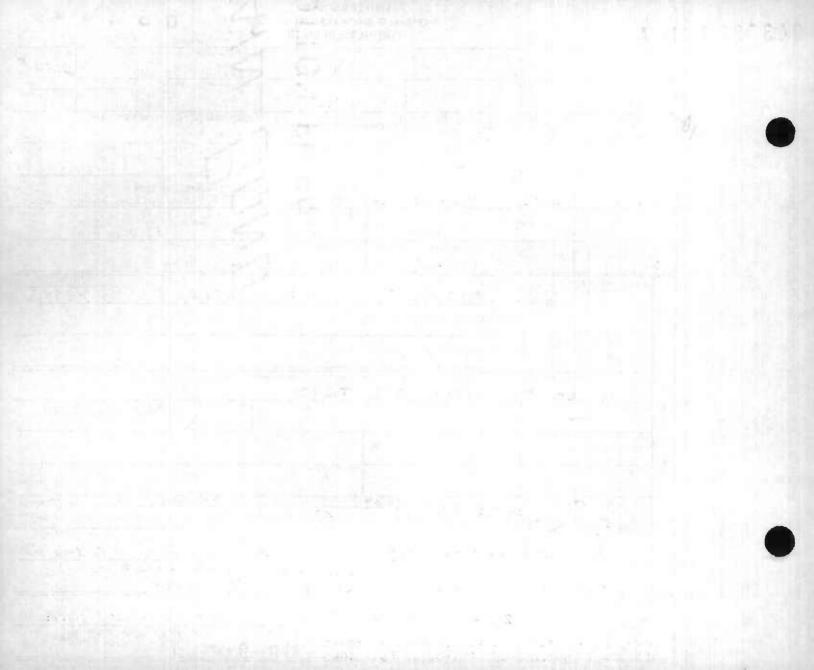
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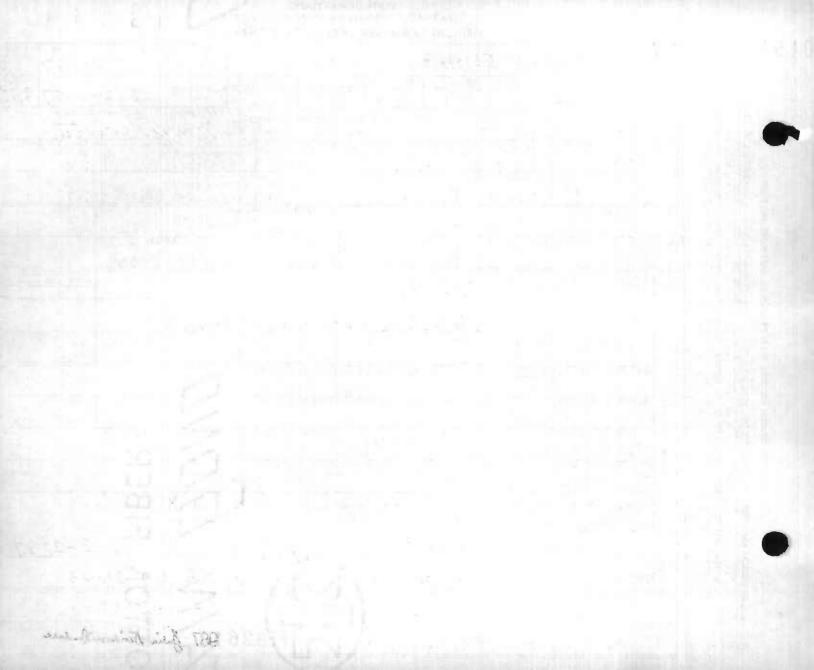
Dolores Purnell

Crestlawn Cemetery

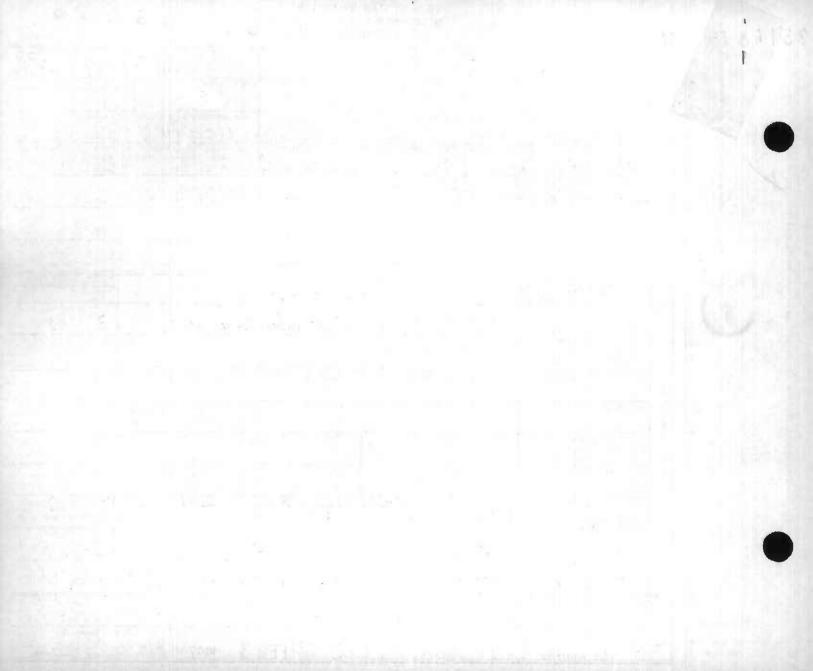
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 26 HOUR KNOWN M TYPE OR PRINTS FREYA OF ESTI-198 DEATH MATED OR YOUR FILES. THIN 72 HOURS RESTON STREET, 30 HOUR 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED DEAD 1911 75 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED X X NEVER MARRIED Maine" USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY LAurel housewife Phinton Stroot home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INST! 13d. INSIDE CITY LIMITS? 13a. STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS YES [ Phister Street 20707 Md Howard aurel 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LAST FIRST 8. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF Torru unknown 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elisha P. Janes same as above 82 3825 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, nanition IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Arcinoma, gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BINE YES [ SHOULD BE U DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 2 If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALT/MORE, MARYLAND, 2 Autopsy 220 I certify that I took charge of the remains described above, held an Inspection and in my opinian Undetermined manner Catonsville, Md STATE Westview Memorial Park Feb 24, 1987 BP 750 DATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE FEB 26 1987 Julia Dender Contact 24 FUNERAL DIRECTOR **DHMH** - 17 Donaldson Funeral Home, Laurel, Md (VR A15 ME (5)) 20M 4/B2



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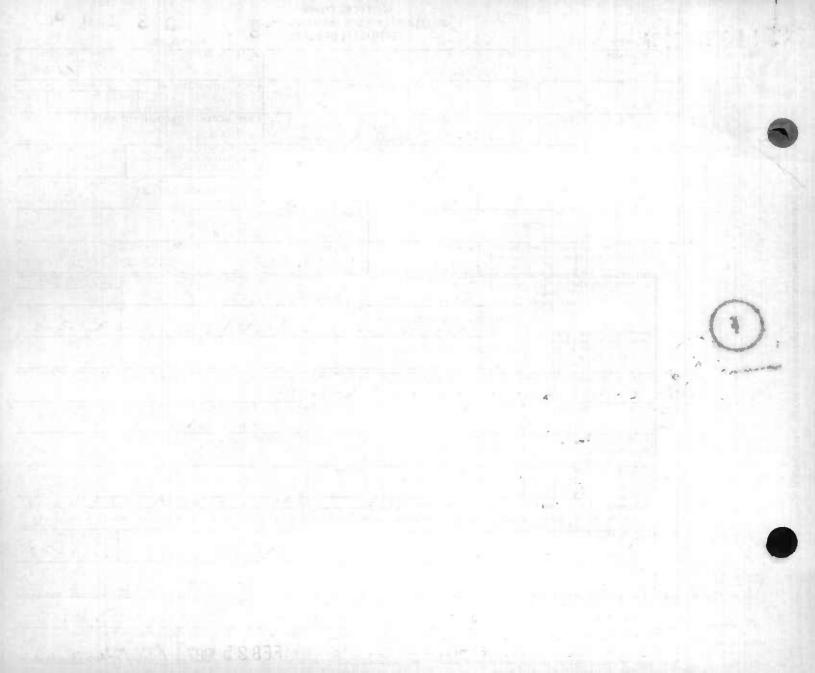
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTA	LHYGIENE
CERTIFICATE OF DEATH	٥

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	Ţ	276 SIGNATURE	· m	m)			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	2-19-87
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH I DECEASED NAME 2b HOUR (TYPE OR PRINT) William Curtis Law 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1F UNDER 24 HRS. 3 SEX 5 DATE OF BIRTH 1926 Male 60 caucasian BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIEX X VEVER MARRIED Florida USA Howard County WIDOWED O CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Retired Guilford Rd. Jessup Navy Howard 131. CILY OR TOWN 13d. INSIDE CITY LIMITS? 10210 Guilford Rd. 20794 Md. Jessup 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Culberth James Ivv Law A.1ma **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 265-28-0466 Dixie L. Law same as 13E ves APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CASIDIO PULMONARY ARREST 201 W. PRESTON ST., IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF METASTATIC CARCINOMA PANIREAS Canditions, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN Po NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from, the deceased of year and view the bady after death and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGRE 22c DATE SIGNED ATTENDING MEDICAL Should be detained by the State [ PHYSICIAN DIRECTOR PHYSICIAN 22e, ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23t NAME OF CEMETERY OR CREMATORY PK. Burial COUNTY STATE BP Howard Dorsev 7601 Sandy Spring Rd. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Fleck Funeral Home, Inc. Laurel, Md. 20707

FOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **PREGISTRAR** REG. NO MIDDLE 20. DATE KNOWN DAY 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED TERRY 2-18-879 MERTRUD 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYS PRONOUNCED Male White 1960 26 DEAD 2-18-87. 10:45P 9. BALTIMORE CITY OR COUNTY OF DEATH M. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! New Jersey USA WIDOWED [ Howard County DIVORCED D. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Chef Howard County Tawara Rest. 216 mi W of I-95 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 68 Armstrong Ave. 07470 New Jersey Wayne Townshi NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AJDDLE MIDDLE Richard Mertrud Terry Nishida 17 INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (YES NO, OR UNKNOWN) 135-58-1776 Richard Mertrud, Jr. 68 Armstrong Ave. Wayne Township, N. J.07470 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple inuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING driver of an auto/auto collision O MEDICAL EXAMINER: THIS CENTHIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNEAL DIRECTOR; PAGE 3 SHO AFTER DEATH THE STATE DEPART BATTIMORE, MIN 21201 PHORE 2-18-87 CONTRIBUTING CAUSE OF DEATH 21 LOCATION 216 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Md. Rt. 216, ½ mi. W. of I-95 Howard Co., Md. hawy. Autopsy X 224 I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident X death resulted from. Noturol couses Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 2-19-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell M.D. ADDRESS. (TYPE OR PRINT) 111 Penn Street 23¢ NAME OF CEMETERY OR CREMATOR 230 BURIAL, CREMATION, REMOVAL 236, DATE 236 LOCATION New Jersey Cedar Lawn Crematory Cremation 2-23-87 Patterson. 250. DATE REC'D. BY REGISTRAR 1856 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 7401 Belie Rd. BALTO. MD . 21236 (VR A15 ME (5))

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	- (

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Ja. Bli	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	11 00		9 BALTIMORE CITY O	YRS.	OF DEATH	
	aryland	U.S.A.	MARRIE NEV		Howard C	_	OI DEATH	
		11. NAME OF HOSPITAL, NURSING	WIDOWED	DIVORCED [				
	Llicott City	3405 Tyler Ave.		INSTITUTION	Retired C			F BUSINESS Y
13a S Ma	AL RESIDENCE (IF NURSING HOME OR ISTATE 136 COUN HOWAT	OTHER INSTITUTION GIVE RESIDENCE BEFORE A  134 CITY OR TOWN ELLICOTT		DE CITY LIMITS?	3405 Tyle	r Driv	re 2:	1043
	rner Peach	MIDDLE LAST	Is. MOTH Kath	TER'S MAIDEN NA	ME Bortell MIDDLE		LAS	ī
	WAS DECEASED EVER IN U.S. ARA		ITY NO. 17 INFO	RMANT	ADDR	ESS	F-25-F	
(7	Yes (WW I	1 AR OR DATES) 215 07 25	70 Mrs P	aula Pea	ch 3405 Tyl	er Ave	., 210	43
	PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and D BY:  E CAUSE (a) RESPIPAF		Freest			Sime Sime	mate interval onset and de.
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENT	TUM161	2			17611	+115
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF					
NO	underlying cause last	DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DI		ATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIVI	EN IN PART 110	a'
TIFICATION	underlying cause last	(c)	<u>EATH</u> BUT NOT RELA		200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
CERTIFICAT	PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA	196. CONDITION FOR WHICH C	PERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
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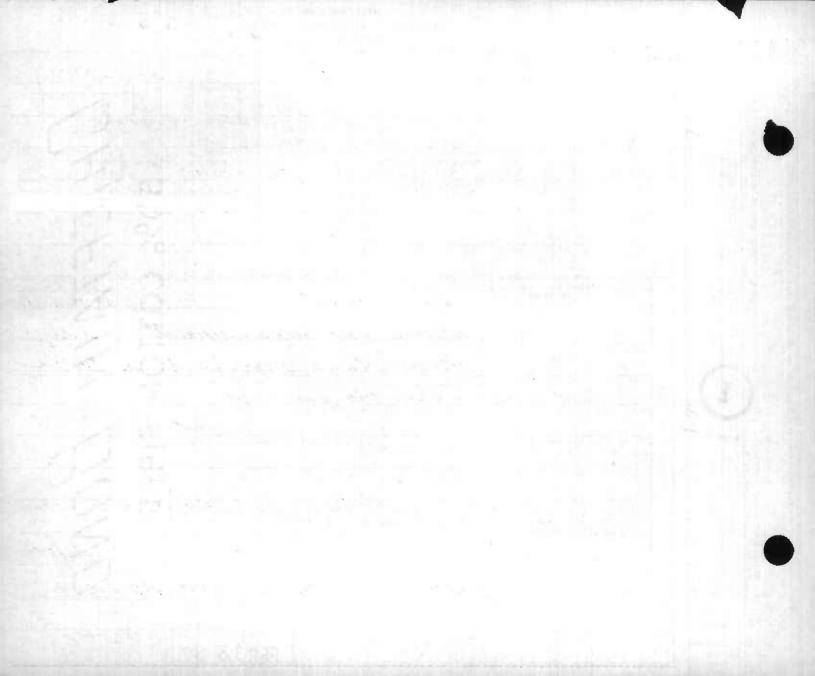
DHMH - 16 50M 1/81 (VRA 15, 4)

Vilger Carry 3005 Tyler ave. 22063 teacher common vilger ave. 22063 teacher

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Sent to all

STATE OF MARYLAND



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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45987 NAR	FOR  - STATE  REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE / 0 5	de de de
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAT	YEAR 26 HOUR
2 75	(TYPE OR PRINT) Ralph	Edward	Reedy	February 28.	1987 M
-1 11 4	1. SEX	4 RACE	5. DATE OF BIRTH	7100	UNDER TYEAR (FUNDER 24 HRS
4 95	Male	White	July 6, 1937	49 YRS.	The state of the s
2 13 01	To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	FDEATH
イニ ピタク	Maryland	USA	WIDOWED DIVORCED	Howard Cou	integ MO
0 181	Columbia	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET HOLDORGA CO.	ADDRESS) ADDRESS) ATE GENERAL HOSA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Custodian	126 KIND OF BUSINESS OR INDUSTRY Cleaning Co.
1 11 20	SUAL RESIDENCE (IF NURSING NOME 130 STATE 130 COI			130 STREET ADDRESS / ZIP CODE 911 JAY COORT	21061
102	Russell	H. Walk	er Vivian	ME M.	Reedy
1 1000	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU	PRITY NO. 17 INFORMANT (Wife	e) ADDRESS	
1 10	NO NO NA		Anita D. Ree	dy Same as 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A The other together together together	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEOU	arcinoma of hu		
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and the bar of the bar	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
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ortendo he des ny the by h and M	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOS A fee year of Health	22a I certify that (I) (this has saw the deceased alive a	pital) attended the deceosed from	, and that in (my) (aur) opinion	death occurred an the date and have a	that (I) (we) last and from the causes stated
A the to	Consture M	ruff	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 2 - 28 - 8 7
O HOSP mined by O FUNE Model be of the Sy	Jon Mi	Ford	22e ADDRESS		
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY en Haven Mem. Park	CITY OR TOWN Glen Burnie A	A co. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Singleton Funeral Home

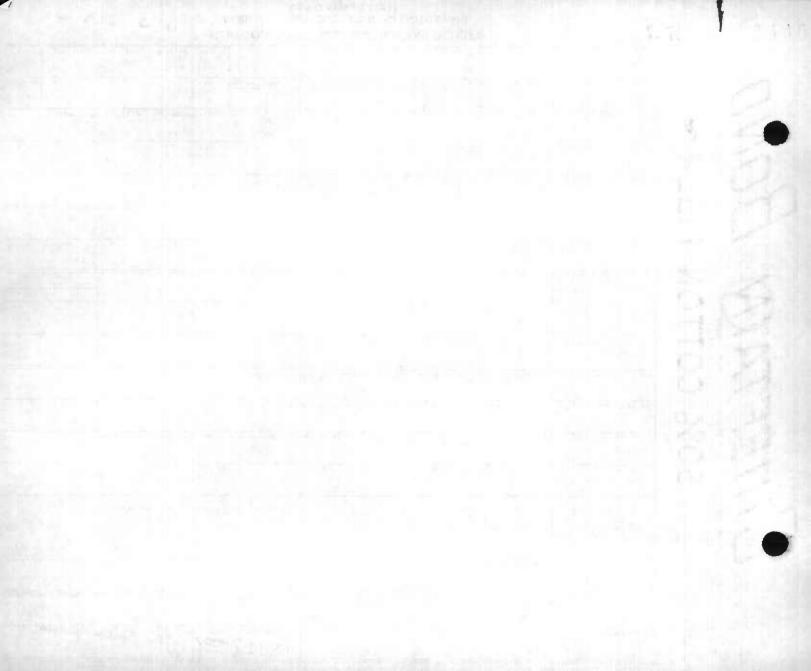
Glen Burnie, Maryland

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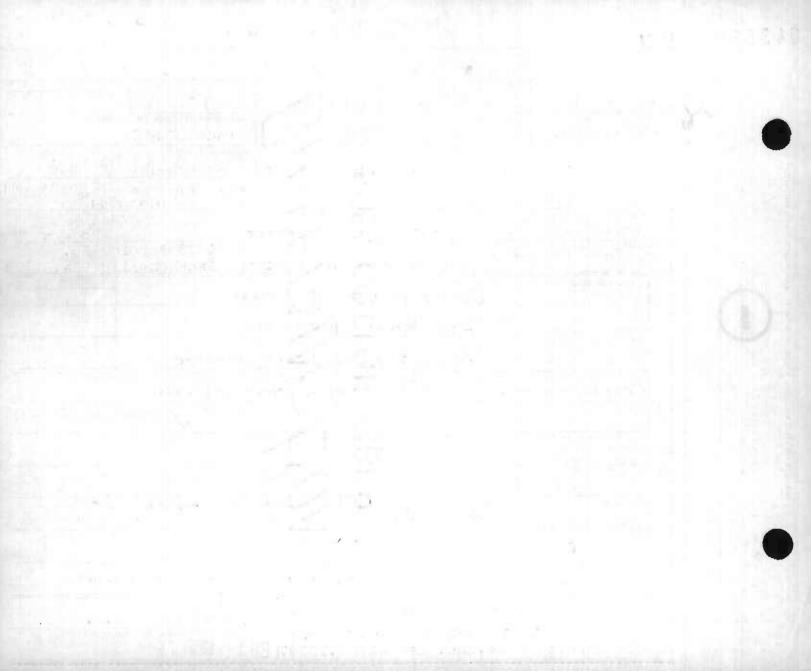
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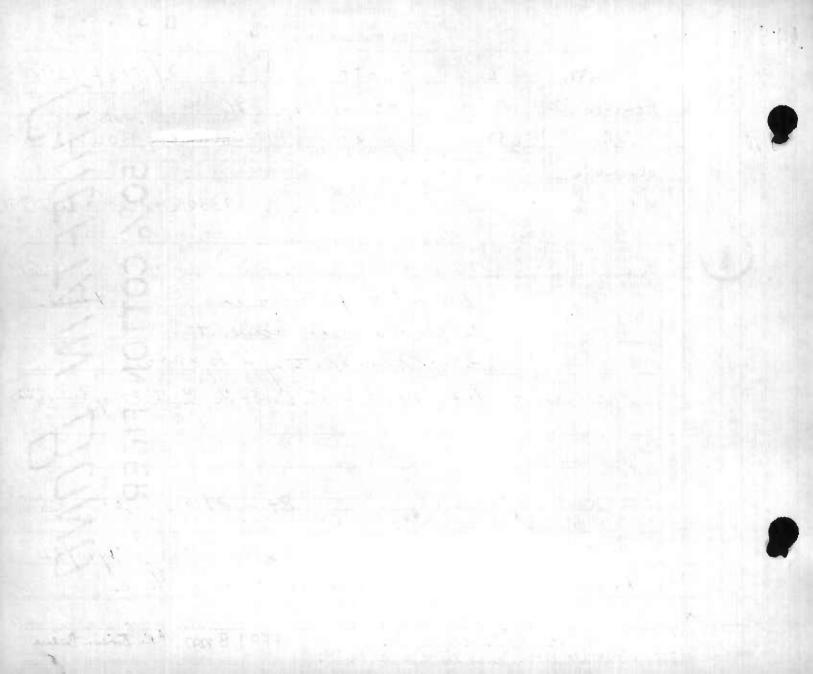
FIRST RE-ARREST WALLAND States Com- and to manager you motion series remains events

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN [] 1. DECEASED NAME 2b. HOUR MONTH DAY YEAR (TYPE OR PRINT) ESTI-IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNRAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. 3. RECORDS, 201 W. PRESTON STREET, DEATH MATED Frederick Norman 19 87 Rushton 4 RACE 6 AGE LIN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED DEAD July 23, 191: Male White 75 YRS Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Canada U.S.A. WIDOWED DIVORCED Howard County. ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFET President Aluminum Co. Columbia Howard County General Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 1136 COUNTY 13c. CITY OR TOWN NO 1 3909 MacAlpine Rd. Ellicott City Maryland Howard YES . 21043 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MEPAGES 1, CORM PM COR MIDDLE LAST MIDDLE LAST Arthur Rushton Clara Cooper 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES! Helen L. Rushton Same as # 13 216-01-5101 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning ✓ IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRAINE HEALTH AND MENTAL H L, CREMATION, OR RE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Arteriosclerotic cardiovascular disease E 3 SHOULD BE USED A E DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19n DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CETAMINE THIS CERTIFICATE SHC CETAMING THE WORL CONTRACTOR: PAGE 3 SHOULD BE U CHARLES THE DEPARTMENT OF CHARLES THE DEPARTMENT OF YES X NO [ 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11: 35.55 Subject drowned while swimming THE PLACE OF INJURY LATHOME III. LOCATION STREET, FACTORY, FARM, ETC ) CITY OR TOWN COUNTY STATE WHILE AT WORK pool Howard Co. YMCA Hcward MD Autapsy X 22s I certify that stook charge of the remains described above, held on Inspection and in my opinion death resulted from Notural causes Suicide Homicide L Undetermined manner ACTUAL Assistant 2/14/87 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. ADDRESS 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 02 - 17 - 87Crestlawn Cemeterv Marriottsville Howard MD 07/84 BP Lexoy M. & Russell C. Wistzke Funeral Homes P.A. 1630 Edmondson Ave. Catonsville, Maryland 21278EB 750 DATE REC'D, BY REGISTRAR 19 REGISTRARS SIGNATURE **DHMH - 17** (VR A15 ME (5))



				FOR 2/27/87		STATE OF MAKTLAND MENT OF HEALTH AND MENTAL HYC	1 nm 1 5	2 4 4
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	ady pag	D L	3 SE		4 RACE	S. DATE OF BIRTH		F UNDER I YEAR IF UNDER 24 HRS
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AND	in 24 h	135	1		WARD COLUME	31A YES NO [	130 STREET ADDRESS / ZIP CODE COLUMBIA, MD Z	HOME
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W	per d	EV (2) C		Harry	G. Duval		et	Rogers
DRE	xecu	dico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		1225 Popol	ee Rd.
IIW	be e	Pa B		NO N	A 578122	723 Craig Heilm	man Jacksonvil	le,Fla.32223
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	5 a 5	£ 3 × /	23a l	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP	37 H		SPECIFY Burial	2/11/87 Ce	dar Hill Cemete	CITY OR TOWN	P.G. Md.
		4014 7 (0)		UNERAL DIRECTOR	601 Sandy Spr	ing Road 250 DAY	E REC'D. BY REGISTRAR 256 REGISTR	
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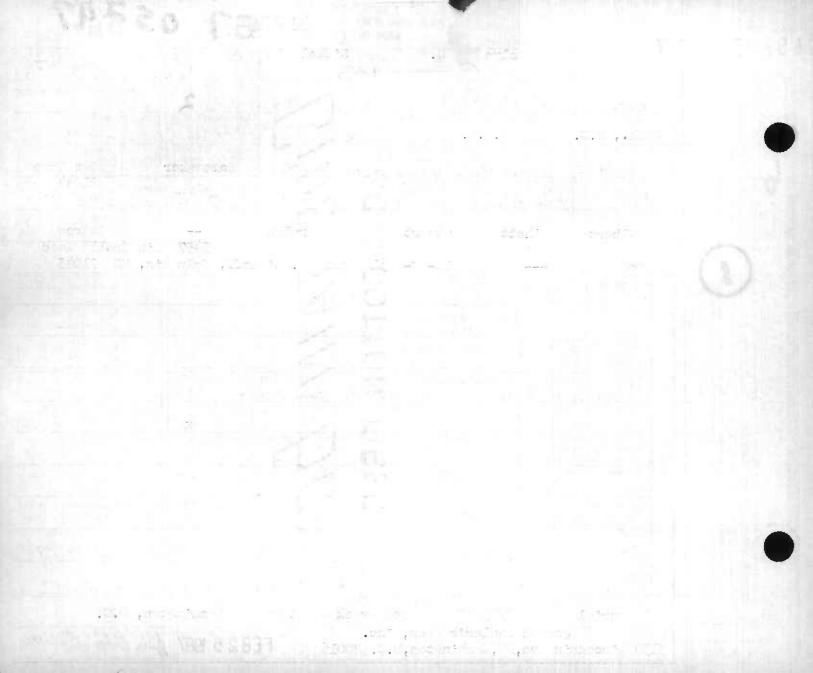




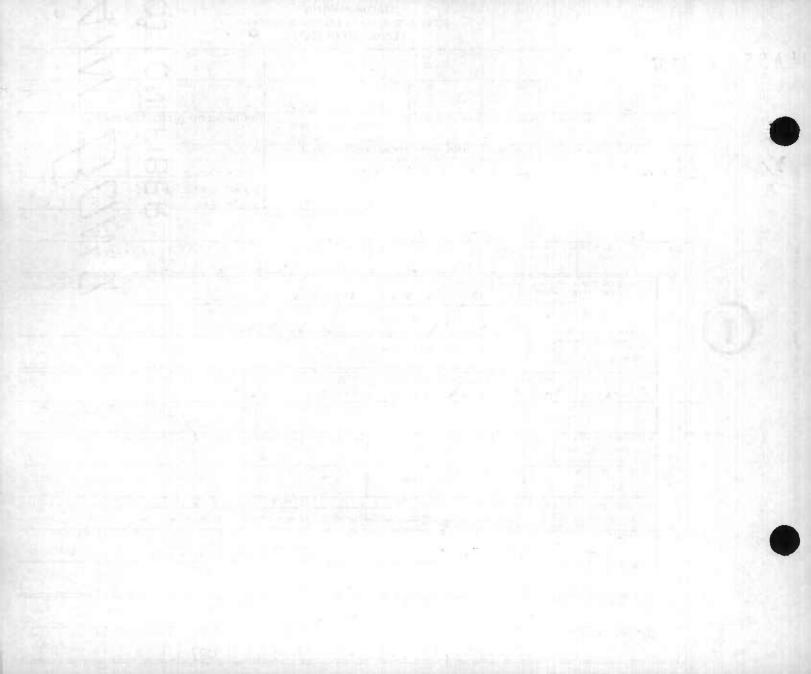
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96 12	3. SEX		4. R	ACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
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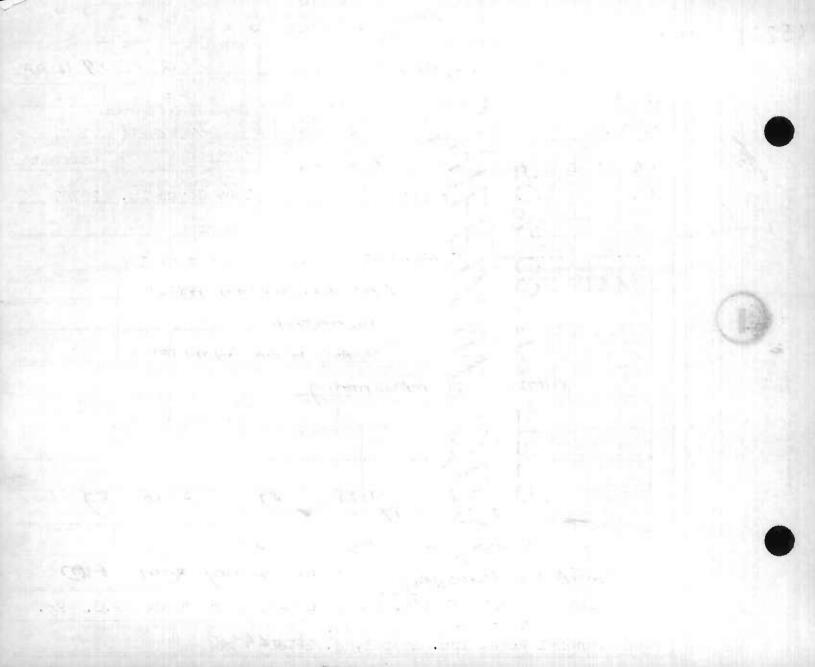
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH DECEASED NAME MONTH 26 HOUR RUBY LOU SMITH 02 5 87 4. RACE IF UNDER I YEAR 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER 2.1 MRS 3. SEX MONTH DAY YEAR FEMALE BI ACK 1932 JAN 28 O. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED HOWARD COUNTY, MARYLAND GEORGIA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 126. KIND OF ROURSAM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE 6104 STEVENS FOREST **TEACHER** HEAD START USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODECOLUMBIA MD. 13a STATE 13b. CQUNTY 6104 STEVENS FOREST RD, 21045 MARYLAND COLUMBIA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST HANKERSON FTHE BELL PAH 17. INFORMANT MRS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. COLUMBIASS MARYLAND 6104 STEVENS FOREST RD. 21045 SHARON SHIVERS 256-64-6531 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY espiratory IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF me fastatic. Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Hygier Hygier 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from\_ January sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deat) 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING wild be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANI 22d PHYSICIAN SMAME (TYPE OR PRINT) 22e ADDRESS Columbia, Md. DR. JOHN K. MINFORD 10806 Hickory Ridge Road 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN BUR I AL 2/21/1987 PINES CEMETERY WAYNESBORO 24 FWERTERCTOR SONS FUNERAL HOME. INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 2501 GWYNNS FALLS PKWY, BALTIMORE, MD. 21216 (VRA 15, 4)



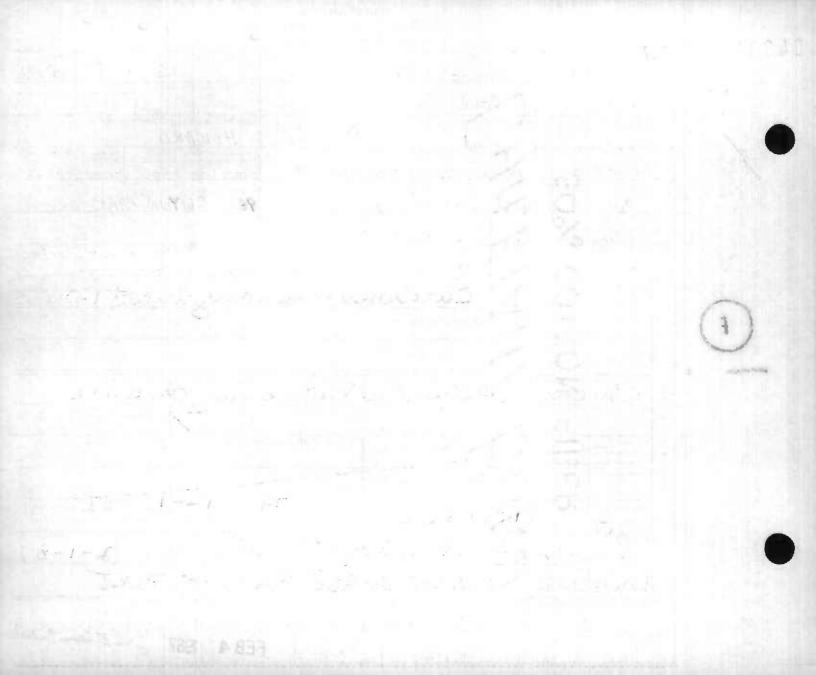
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seort Page	70. BII	RTHPLACE (STATE OR FOR COUNTRY)  Aryland	US	76 CITIZEN OF WHAT COUNTRY? 8  WARRIE  WIDOW.  11. NAME OF HOSPITAL, NURSING HOME  (IF HOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HOLD OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		NEVER A	ORCED	BALTIMORE CITY C	MD.		
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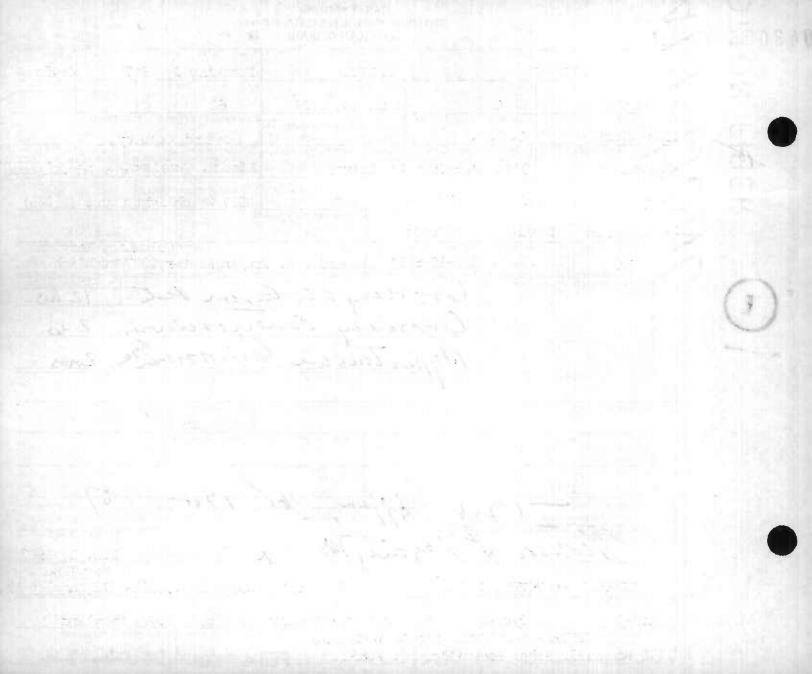
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TO CITY OR TOWN OF DEATH  I. I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  I. I	235			II.S	. A .				NARD		MD
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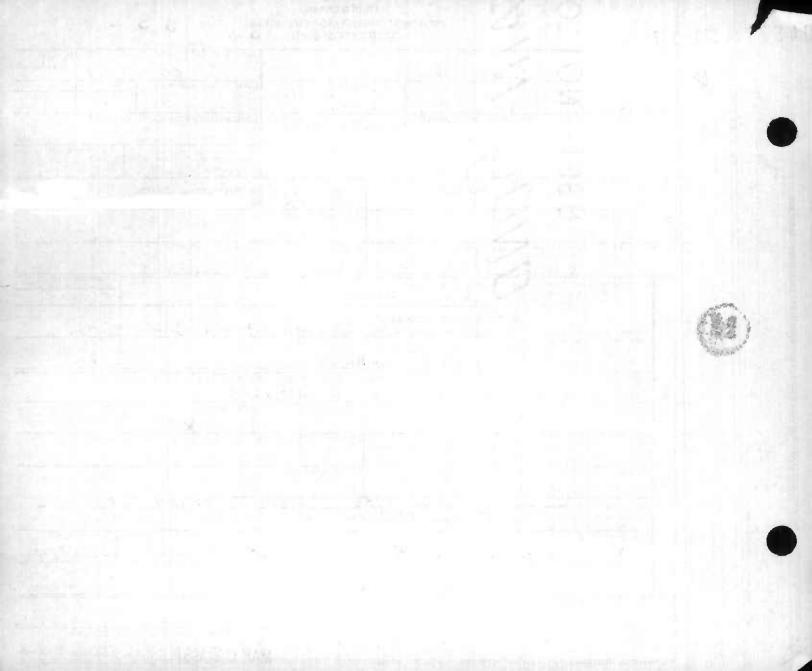
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH . DECEASED NAME 2b. HOUR (TYPE OR PRINT) SYLVIA TRUPIN February 2, 1987 4:45a. M 4 RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) White Feb. 25, 1924 Female 62 In BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. New York DIVORCED [ Howard County, II CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AMER. ASSOC. Admin. Assist for Adv. Science Columbia 8997 Watchlight Court 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Columbia Maryland Howard 8997 Watchlight Court (21045) YES K 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Annie Weiner Trupin Abraham David ADDRE Columbia, Maryland 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 096-18-5854 Beatrice S. Trupin; Sister; 8997Watchlight Ct.; APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line to (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF mari Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE 22c DATE SIGNED ATTENDING Feb. 2, 1987 PHYSICIAN DIRECTOR PHYSICIAN old by the Str MPORT/ 22d PHYSICIAN'S NAME (TYPE OF PRINT) Maryland THOMAS FOGARTY, M.D. 7676 New Hampshire Ave., Suite 415; Langley Pk. 23a BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burial 2/4/87 Mt. Lebanon Cemetery Adelphi; P.G.; Maryland 24 FUNERAL DIRECTODANZANSKY-GOLDBERG MEMORIAL CHAPELS 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 1170 Rockville Pike: Rockville, Md. 20852



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. I. DECEASED NAME 20 DATE OF DEATH 2h HOUR FEB Herbert Waters 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX .Male Black 10 1898 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Howard County. Massachusetts WIDOWED DIVORCED [] IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Machinest Howard County General Hospital Columbia Manufactureing WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Columbia 13e STREET ADDRESS Maryland 10010 Hyla Brook Road Howard IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE E MIDDLE Rich Celena Herbert Waters ADDRESS Columbia. MD. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIE YES GIVE WAR OR DATEST Jane C. Waters 10010Hyla Brook Road 023-01-5109 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? M'CERTIFYING CAUSES OF DEATH? YES NO F 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COHNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body other death. 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRIN 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY New Bedford, Bristol, Mass. Burial 2-10-87 Rural Cemeterv 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Marzullo Funeral Service Upperco.MD. (VRA 15, 4) ulea Deviden Par

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STATE OF MARYLAND

Western Cemetery

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VRA 15, 4)

2/9/87

Burial

Baltimore

7h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO F

STATE

Maryland

Minutes

YES [

COUNTY

22c. DATE SIGNED

Leiszer

IF UNDER I YEAR ONTHS DAYS

